

Building a Cooperative Institutional Model of IAIMS at the Yale - New Haven Medical Center

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The poster describes the cooperative institutional structure which underlies the IAIMS activities at Yale - New Haven Medical Center. Whereas some institutions implement IAIMS via some form of centralized structuring of major computing units, for many institutions this approach may not be viable and a more cooperative model will be required. The poster describes the process through which our IAIMS project evolved, and outlines certain principles underlying such an approach.

The successful realization of an Integrated Advanced Information Management System (IAIMS) within a medical center demands vision, coordinated planning, and an integrated implementation of that vision at many levels [1,2]. One question that arises concerns the nature of the organizational structure required to support such a process. Does a medical center need a centralized structuring of its major computing and information units under the direction of a single Chief Information Officer? Or can an effective IAIMS project be carried out via a more distributed, cooperative model of responsibility [3], providing that the overall vision is firmly established?

There are several examples of medical centers which have adopted some form of centralized structuring of responsibility to support an IAIMS effort [e.g., 4,5]. At the same time, there are other institutions where a unified structuring of computing activities would be difficult to achieve. For example:

1. At many academic medical centers, the medical school and its associated hospital are separate corporate organizations. At such a center, even in the most centralized model, there would have to be a separate centralized computing structure within each organization.
2. At many medical centers, a major driving force towards IAIMS may come from within an academic unit of Medical Informatics. The individuals within such a unit, while committed to the IAIMS process, may not be interested in taking on the computing service responsibilities for the entire medical center. Nevertheless, such an academic unit may be able to provide much of the initial vision and a great deal of energy to

help the different components of the institution carry out IAIMS successfully.

At the Yale - New Haven Medical Center (YNHMC), both of these conditions apply. The Yale School of Medicine is a separate organization from Yale - New Haven Hospital, although the two organizations work collaboratively on many different levels. In addition, a great deal of the initial vision that led YNHMC to embrace the IAIMS concept has come from what is now the Center for Medical Informatics. Over time, many other institutional units have come to share this vision. As a result, the current IAIMS project involves the cooperation of a number of different components within the medical center.

This poster describes the cooperative model of IAIMS that has evolved at YNHMC. As we describe, once the IAIMS model was adopted as an institutional goal, a broad range of related activities followed quite naturally. In the process, institutional computing ties between organizations within the medical center have been greatly strengthened at several levels, including the strategic level of planning and oversight and the operational level of system implementation.

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References

- [1]. Lindberg DAB: The IAIMS opportunity: The NLM view. Bull Med Libr Assoc 76:224-225, 1988.
- [2]. Matheson NW, Cooper JAD: Academic information in the health sciences center: Roles for the library and information management. J Med Educ 57:1, 1982.
- [3]. Spackman KA, Elert JD, Beck JR: The CIO and the medical informaticist: Alliance for progress. Proceedings of SCAMC-17, 1993, pp. 525-8.
- [4]. Stead WW, Borden R, McNulty P, Sittig DF: Building an information management infrastructure in the 90s: The Vanderbilt experiment. Proceedings of SCAMC-17, 1993, pp. 534-8.
- [5]. Roderer NK, Clayton PD: IAIMS at Columbia-Presbyterian Medical Center: Accomplishments and challenges. Bull Med Lib Assoc 80:253-62, 1992.